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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

[For the Medical and Surgical Reporter.]

ROUGH NOTES

Of an Army Surgeon's experience during the Great Rebellion.

By J. Theodore Calhoun,

Surgeon, 5th Regiment, Excelsior Brigade, N. Y. V.

No. 3.

THE DISPENSARY OR HOSPITAL STEWARD'S DEPARTMENT.

The prescriptions of the medical officer are compounded by the hospital steward, a non-commissioned officer ranking with ordnance sergeant. The efficiency or non-efficiency of the medical department depends not a little upon the hospital steward, who is to the surgeon what an orderly sergeant is to the captain of a company. The steward should be a sober, industrious, intelligent man—a good druggist, and able to write a clear intelligible hand. Too many of those now in the army it is feared do not come up to that standard.

The hospital steward compounds and administers the medicines prescribed by the medical officer. The patient should always be compelled to take the medicine at the dispensary, otherwise there will be some who will throw it away. If the patient is unable to come to the dispensary he should be placed in the regimental hospital.

The medicines are drawn from the medical purveyor on requisition of the surgeon approved by the medical director of division, corps and army. The surgeon is not allowed to draw any articles he pleases but is limited as to the medicines and the quantity of each by what is known as the "field supply table." A new field supply table it is said is soon to go into use. When from accidental or other causes a surgeon's supply of medicines is exhausted before the period for drawing another requisition, he is allowed to draw the essential articles on a special requisition.

Most of the medicines now furnished the army are from the house of Wyeth & Bro., Philadelphia; Dr. Squibb of Brooklyn; and Schiefflin & Bro. of New York, also furnish some of the supply. The medicines furnished are of good quality and carefully packed. They are carried on a march in transport cart or wagon. A supply for use on the march is carried in a knapsack by the surgeon's orderly, and in a medicine case. Recently panniers and mules have been furnished for the conveyance of medicines, and have this advantage: A mule can go wherever a man can, and where a wagon cannot, and a surgeon provided with one can always have a supply of medicines and dressings with him. A four wheeled two horse medicine wagon has recently been furnished—one to each brigade. They are excellently arranged with drawers, operating table, etc., etc. It is to be regretted that one can not be furnished to each regiment. It would certainly be an economical proceeding for Government. For in the various packings and unpackings with the jolts in a wagon without springs, enough medicine is destroyed to pay for the cost of one of the wagons.

FIELD OR REGIMENTAL HOSPITALS.

There is no more infallible method of judging of the capabilities of a regimental surgeon than by an inspection of his regimental hospital. A slovenly kept, dirty or illy arranged hospital is a sure index to the surgeon's capacity.

The regimental hospital is usually one or more hospital tents. Each tent will accommodate from ten to fourteen patients. They are high and roomy—provided with a "fly" or double roof, and well adapted for the purpose designed. Bedsteads or cots are not furnished for field

service, owing to the difficulty of transportation, still that is no reason why the patients should be laid upon the floor or ground. A few crotched sticks with poles laid across, and over them the staves from an old flour barrel, makes a bedstead which, though not as elegant, is just as comfortable as one of the finest rosewood.

It is seldom that straw or hay can be provided as a filling for the bed-sack, nor is it desirable in Virginia, where pine trees are so plenty. Fill the bed-sacks with the small branches of the pine. It is nearly as soft as hay—gives out an odor not at all unpleasant, and is never infested with vermin, the latter being a desideratum only to be appreciated by one who has been in the army. With a pine bough mattress upon the barrel stave bedstead a couch is made suitable for the richest man. A knapsack forms a pillow while the top of a cheese box, supported on four poles driven into the ground, forms a most capital medicine stand or table.

A barrel can easily be cut down to form an armed chair on which the patient can sit while defecating, whilst a few boards and the material afforded by a neighboring forest can, with a little mechanical ingenuity, furnish almost any article of furniture desired. The civil practitioner would be astonished how in a few hours a hospital can be arranged and most comfortably furnished, even in the middle of a pine forest.

The hospital mess chest furnishes the cooking utensils, and nurses and cooks are detailed from the regiment. It has been suggested to employ contrabands as hospital nurses and cooks. As the latter, they would undoubtedly be of service—better than white cooks. As nurses it would be worthy of a trial. The men are too clumsy, but the women might be advantageously employed in some duties.

The medical officer prescribes the diet and medicine for the sick, his prescriptions being written down in a book prepared for that purpose. He visits the hospital once a day, and oftener as may be required. Experience has demonstrated that when well kept the per-centage of deaths in regimental hospitals is much less than in general hospitals.

[To be continued.]

A Chemical Bureau.—The Commissioner of Agriculture, has recently added a Chemical Bureau to his department, of which Dr. John Wetherill, of this city, is chief chemist.

Anatomy and Physiology of the Apparatus of Respiration; with general remarks on the Physical Capacity of the Lungs and their Uses.

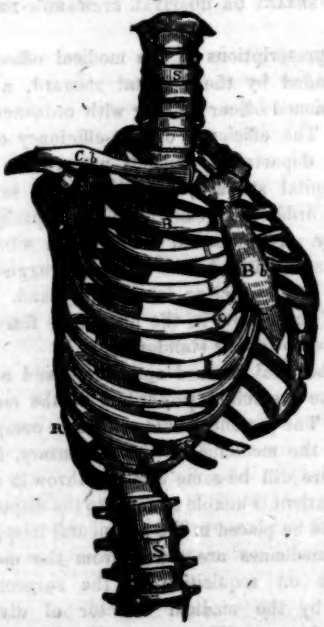
By A. P. Dutcher, M. D.

Of Enon Valley, Lawrence County, Pennsylvania.

PART FIRST.

The apparatus of respiration differs very materially in different classes of animal life. In some of the lower forms, respiration seems to be carried on by the whole surface of the body; in insects, the air is admitted by holes in their sides, communicating with tubes which ramify through the whole body; in fish, the breathing is accomplished by the gills, in which the blood circulates freely, and is exposed to the air, which is held suspended in the water in which they swim. In the higher and more perfect animals, as quadrupeds and man, the respiratory organs assume the form of lungs. Before describing these important organs, it will be proper to briefly recount the anatomy of the chest in which they are contained.

Fig. 1.



By inspecting the above figure, it will be seen that the cavity of the chest is of considerable size, formed by the sternum, B *b*, extending from the lower part of the neck to the pit of the stomach; the ribs, R R and their cartilages on the fore part and on the sides; and on the back

by the spine, S S. In form it is conical, with the apex of the cone upward.

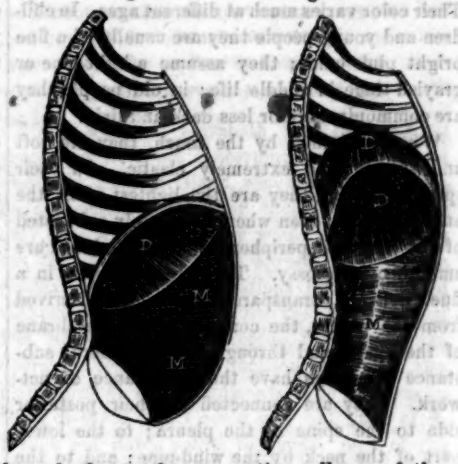
As each rib is movable between the bodies of the vertebræ with which it is connected, and as the sternum, from its connection with the ribs, partakes of their motions, the cavity of the chest is susceptible of considerable dilation and contraction. To accomplish these two motions, there is a series of muscles called the intercostal muscles, which are in two layers, the fibres of one layer running obliquely from behind forward, the other in the opposite direction. In consequence of this arrangement—the fibres crossing each other diagonally—when they contract, they pull the ribs directly upward. The ribs have an inclination forward and downward, so that when we perform the act of inspiration, we raise and throw forward the anterior extremities of the ribs and the capacity of the chest is thus enlarged, a vacuum is formed into which the air immediately rushes.

When, on the contrary, we perform the act of expiration, the diaphragm, a flat transverse muscle which separates the chest from the bowels, and the muscles forming the wall of the abdomen, which are all more or less attached to the ribs, contract, and thus pull the anterior extremities of the ribs downward. The parts within the chest are thus compressed, and a great part of the air is expelled. But we should not forget in this description of the chest to say, that the enlargement of its capacity, from the top to the bottom is produced entirely by the diaphragm, without any active aid from the ribs.

The following diagrams represent sections of the chest, diaphragm, and abdomen. They show the different positions of the diaphragm in expiration and inspiration, and also the different corresponding conditions of the abdomen and chest. In figure 2, D, the diaphragm is greatly contracted, whereby the chest is enlarged, and the abdomen, M M, is protruded. In figure 3, D D, the diaphragm is relaxed, and the chest and abdomen correspondingly altered in size and position.

"The complete dependence of the expansion of the lungs upon the production of a vacuum in the chest is well shown by the effect of admission of air in the pleural cavity. When an aperture is made on either side, so that the air rushes in at each inspiration, the expansion of the lung on that side is diminished or entirely prevented, in proportion to the size of the aperture. If air enter through it more readily than

Fig. 2. Fig. 3.



through the trachea an entire collapse of the lung takes place; and by making such an aperture on each side, complete asphyxia is produced. But if it be too small to admit the very ready passage of air, the vacuum produced by the inspiratory movement is more easily filled by the distension of the lung than by the rush of air into the pleural cavity; so that a sufficient amount of change takes place for the maintenance of life.

"This is frequently observed in the case of penetrating wounds of the thorax, in the surgical treatment of which, it is of great importance to close the aperture as completely as possible. When this has been accomplished, the air that had found its way into the cavity is soon absorbed, and the lung resumes its full play. When one lung is obstructed by tubercular deposits, or is prevented in any way from discharging its function, an opening that freely admits air into the pleural cavity of the other side, is necessarily attended with an immediately fatal result; and in this manner it not unfrequently happens, that chronic pulmonary diseases suddenly terminate in asphyxia, a communication being opened by ulceration between the bronchial tube and the cavity of the thorax."*

PART SECOND.

These large, spongy membranous and vascular parts, contained within the chest which we call *lungs*, consist of two divisions, called the right and the left lung. Each of these is again subdivided into smaller portions, called lobes, the right lung being generally divided into three, and the left lung into two lobes. The smaller lobes are also divided into still smaller ones, named *lobules*. The lungs, in their general form, are very irregular, depending in a measure for

* Carpenter's Human Physiology, p. 569.

their shape on the parts that surround them. Their color varies much at different ages. In children and young people they are usually of a fine bright pink color; they assume a light-blue or grayish tinge in middle life; in old people they are commonly more or less dark and livid.

When examined by the touch, they are soft and spongy and extremely elastic. In their specific gravity, they are the lightest of all the animal organs, even when completely exhausted of air. On their peripheral surface the lungs are smooth and glossy. They are enveloped in a fine, delicate, transparent membrane, derived from the pleura, the common lining membrane of the chest, and through this peripheral substance the lungs have the appearance of network. They are connected at their posterior side to the spine by the pleura; to the lower part of the neck by the wind-pipe; and to the heart by the roots of the pulmonary artery and veins; but toward the ribs, the mediastinum and the diaphragm, they are in their healthy state unconnected, so as to yield readily to the motion of the ribs and diaphragm.

Fig. 4.

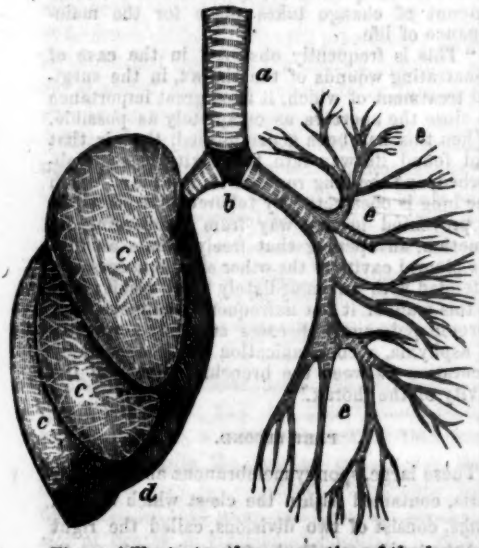
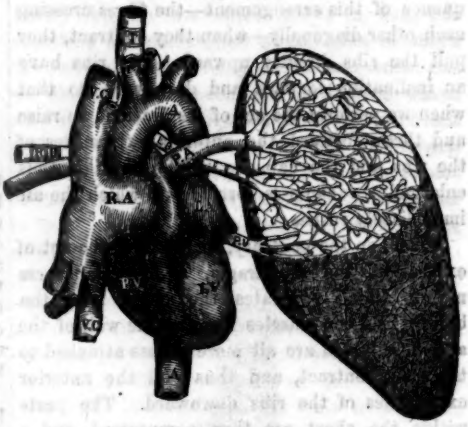


Figure 4 illustrates the connection of the lungs with the bronchial tubes, *a* the trachea, *b* its branches, *c c c* the lobules of the lungs, *e e e* the bronchial tubes.

Fig. 5 represents the heart, with the left lung in connection. The upper half of the lung is divested of its external membrane, to show its internal structure. T, the trachea; L B, its left branch, which terminates in the smaller bronchial tubes; P A, the pulmonary artery; P V, the pulmonary vein; the former, by its capillary terminations, takes the venous blood to the air-cells, and the latter, by its capillaries, takes the arterial blood from the air-cells. The lower half of the lung presents its natural appearance as seen in a normal state. V C, V C, ascending and descending vena cavas; R A, right auricle; R V, right ventricle; L A, left auricle; L V, left ventricle; A A, the aorta.

Fig. 5.



The lungs, in their minute structure, are composed of a great number of cells, of numerous ramifications of blood-vessels, with nerves and lymphatics, all connected by cellular substance. The cells of the lungs constitute their chief bulk. These are very small, of an irregular figure, with very thin membranous sides. According to the most accurate measurement they are found to be about 1-200th of an inch in diameter, and their total number is supposed to be about six hundred millions in each lung, and are equal in surface to twenty thousand square feet. These cells are closely connected and compressed at their sides, and they freely communicate with each other, but have no communication with the cellular substance by which they are surrounded.

From the cells there arise small hollow tubes, which gradually form other tubes, that are still larger, till at the upper part of the chest all the tubes on each side unite in one, and these two branches at length join to form the trachea, as seen at *a*, fig. 4. At their commencement these tubes are called the smaller bronchi, and are membranous, but as they unite to form the larger bronchi and trachea, they become cartilaginous.

These cartilaginous plates are very strongly developed around the bifurcations of the tubes, and the point of division is furnished with a cartilage of a semilunar form. They are found to enter the structure of the bronchial tubes until the latter are reduced to a quarter of a line in diameter, and are then lost.

The bronchial tubes commence at the bifurcation of the trachea opposite the third dorsal vertebra to their corresponding lungs. The right bronchus is about an inch long, and takes its course nearly at right angles with the trachea, and enters the upper part of the right lung; while the left is about two inches in length, and somewhat smaller than the right, passes obliquely beneath the arch of the aorta, and enters the lung very near its middle portion. When they enter the lungs, they divide into two branches, and each of these are again subdivided until they ultimately terminate in the intercellular passages and air-cells.

The calibre of the bronchial tubes, from their bifurcation with the trachea, continue to diminish in size until they are not larger than one-fiftieth to one-thirtieth of an inch in diameter. At first, as we have already observed, they are cartilaginous, but as they approach their final ramification they are membranous. This portion of the tubes is called the *intercellular passages*. These passages, after several bifurcations, terminate each by a cæcal extremity or air-cell. These passages are at first cylindrical, like the bronchial tubes, but soon become irregular in shape from the great number of air-cells which open into them on all sides.

The ramifications of the blood-vessels form also a large part of the substance of the lungs, and chiefly consist of the divisions of the pulmonary artery and veins, with the capillaries between their extremities. These ramifications spread over every part of the cellular structure of the lungs, running throughout the cellular substance that connects the air-cells. There are, however, other blood-vessels called bronchial vessels, intended to convey nourishment to the lungs; while the ramifications of what is called the pulmonary vessels, seem destined to distribute the circulating fluids through every part of those spongy bodies, for the purpose of being freely subjected to the action of the air.

(To be continued.)

CASES FROM THE SURGICAL PRACTICE OF THE LATE JOHN M'CLELLAN, M.D.,*

Of Greencastle, Franklin Co., Pa.

[Read before the Franklin Medical Society.]

Extirpation of the Parotid Gland.

1805, May 14, Elizabeth McKee, aged 50 years, consulted me concerning an enlarged and ulcerated Parotid Gland, which I conceived to be cancerous. I told her that I thought the only chance of curing her would be by cutting out the gland, which she agreed to the more readily, as caustic applications had been tried without any benefit. With the assistance of Drs. Boggs and Heatherington, I undertook the operation, and made an incision all around the gland through the integuments. The skin was so much diseased that I could save but little of it. I then cut down below the under part of the gland, taking it for my guide, until I got under it, and dissected upward with deep cutting between the ear and the jaw, and cut the maxillary and temporal arteries which we tied. The latter was as large as a goose quill, and bled profusely. I immediately applied my finger to its mouth and caught it with the tenaculum until Dr. Heatherington tied it. After it was tied, we got the gland away with but little trouble by tying three small arteries. The wound healed in a few weeks. The facial nerves being cut, and the muscles of the diseased side of the face being

* Died, at Greencastle, on the 10th of June 1845, JOHN MCCLELLAN, M. D., in the 84th year of his age.

Dr. MCCLELLAN, was a student of the late Dr. Rush, from whom he obtained the following honorable testimonials of professional, and moral qualifications, for the responsible duties in life which he was about to assume, viz:

I do hereby certify, that Doctor John McClellan hath studied Physic under my care as an apprentice, near three years, during which time he hath diligently and punctually attended all the Medical Lectures given in the University, also the Practice of the Pennsylvania Hospital. He hath since undergone the usual examinations, public and private, and hath entitled himself with reputation to a Degree in Medicine. I beg leave to recommend him as a gentleman of abilities and knowledge in his profession, of great integrity, of amiable manners, and of an irreproachable moral character. He carries with him not only the esteem of his preceptors in physic, but of all who have known him in the course of his studies.

BENJAMIN RUSH, M. D.,
Professor of Chemistry in the University of Penna.
Philadelphia 30th, April, 1788.

At that early day the degree of Dr. of Medicine was not publicly conferred by this institution, the only school in this country where medicine was taught. The same year the Doctor entered on the duties of an arduous profession at Greencastle, Pa., and pursued the practice of Medicine and Surgery with great energy and high reputation, until some ten or twelve years before his death, when he in a great measure retired from the daily routine of business. From that period of time until the close of his earthly career, in a "green old age," he dedicated his time chiefly to important surgical cases, and consultations.

Few men enjoyed public confidence more largely in the community, in which he practiced; and no one certainly deserved it more, as a surgeon than Dr McClellan. Surgery was essentially his forte; a good knowledge of anatomy, a sound and discriminating judgment, steady hand and vigorous nerve, were all united in him. Never disconcerted, he was a dexterous operator.

weakened, the antagonist muscles pulled her mouth some to the opposite side. The gland was as large as a hen's egg.

I mention this operation to let you know how fortunate a rash inconsiderate surgeon may sometimes be, for at the time this operation was performed I had read nothing on the subject, nor have I yet seen it mentioned by any of the systematic writers on surgery. All that I have seen concerning it is in some late periodical publications. If I had read much concerning it, and considered the danger attending it, I would no doubt have been reluctant in undertaking it. It seems to me strange that some of the most eminent surgeons, both in Europe and America, have thought this operation impracticable. Amongst the rest John Bell. In his description of the arteries he says, "The great artery which passes behind the lower jaw, named maxillary artery, and the temporal artery which lies behind the jaw imbedded in the parotid gland, demonstrate the absurdity of talking about cutting out the parotid gland, since plainly it cannot be done." He again says, "The extirpation of all tumors under the jaws is dangerous—the cutting out completely the parotid gland is a thing quite impossible. The greatest of all the arteries, viz.—the temporal and maxillary—lie absolutely imbedded in the gland. What shall we think then of those surgeons who talk in such familiar terms about cutting out the parotid gland?"

He speaks very positively against attempting this operation, and if I had read his book before I undertook it, it would probably have prevented me. Since the success of Astley Cooper and others in tying the common carotid, I think that surgeons need not be so much afraid of extirpating the parotid gland. There is a great difference between tying an artery which has not been cut and one that has been cut, for in the former case you are not impeded nor confused by the gush of blood, and by cautious dissection you may avoid that circumstance. But in the case of a cut artery there is no time to deliberate, particularly if the artery is large, or near the source of the circulation—and the gush of blood is a very perplexing thing which I have sometimes experienced; but by tying the common carotid before beginning the operation, this difficulty would be avoided. This practice has been adopted by some surgeons before cutting tumors from the mouth and fauces; but if this operation can be performed without this alternative it is certainly much better, for tying the common carotid is of itself a hazardous operation.

A Rupture of the Integuments of the Abdomen and Intestine.

Oct. 26, 1818, I was called with Dr. Boggs to see Joseph Winger, aged 8 years, who fell from the roof of a hen-house upon the corner of a board and ruptured the integuments of the abdomen, two inches to the right of the navel, so as to let out a portion of the small intestine, which produced a strangulated hernia. The intestine was very much bruised, and torn nearly through its coats. He vomited frequently, and complained of being very sick at his stomach. We attempted reducing the intestine, but could not effect it until we dilated the wound in the course of the rectus muscle. We concluded that in the bruised, and lacerated state of the intestine, it would be safest to stitch it to the side of the wound—as we were pretty certain that the injured part would slough off—which we did with a fine needle, making one ligature through the edge of the torn intestine, and the edge of the wound. We then made a ligature through the integuments, and brought the wound together to prevent the intestine from again protruding until adhesion would take place between the peritoneum and intestine. We gave him an injection so as to empty the intestines, and bled him largely. He became easier after the bleeding and injection, but the fever was strong, the next day we bled him again as much as his pulse would bear, and gave him an injection which lessened the fever considerably. We repeated the bleedings and injections every day for some days. On the third day after the accident, when we called to see him, we found him in a high fever with great tension of the abdomen, which was painful to the touch. We bled him largely and gave him an injection, and took out the ligature which bound the sides of the wound together, as we expected that adhesion had taken place between the intestine and the wound, and that there would be no danger of a future hernia, and applied a soft poultice of bread and milk over the wound. On the following day the intestine gave way, and the fæces came through the wound. He then became easier and clearer of fever. About a week after, worms began to come through the wound, and he discharged through the wound at

different times eleven long round worms. We ventured to give him some worm medicine, and he discharged a number of worms the natural way. Afterward he got better every day, and his appetite became good, but we confined him to a light thin diet. His fæces came through the wound for near a month, though a part still passed the natural way. The wound then closed up, and the whole of the fæces passed the natural way, and he became well.

A large Tumor taken from the Neck.

July 24, 1824, Michael Snider, aged 18 years, consulted me concerning a large tumor on his neck, which extended from the angle of the lower jaw to the upper part of the trachea on the left side. He said that it had been growing since he was a small boy, and had for some time been increasing fast. I told him there was no other way of removing it with safety but by the knife, and that would be attended with danger, as it lay directly over the large artery of the neck, but that I would undertake it if he was willing. He agreed to submit to the operation. I then laid him down on a bench in the shop, on the opposite side from the tumor, and made an incision through the integuments and muscles down to the tumor, which was attended with considerable hæmorrhage, for I cut through the facial artery. Dr. Grubb assisted me in taking it up. I then dissected round the tumor, as far as I could with safety, and cut the maxillary artery, which bled freely. We likewise took that up. I then found that I could not get my finger below the tumor, which adhered to the parts below, and I could feel the pulsation of the carotid artery strongly below it. I concluded that the safest plan would be to cut off as much of the tumor as I had dissected from the surrounding parts, and take out the contents—for I found it to be encysted—and to cram the remaining part of the sac with lint, so as to excite inflammation, in the same manner as in the old way of operating for hydrocele, by which means I could either produce adhesion of the sides of the sac, and prevent consequent growth—or I could dissect it off with more safety after suppuration had taken place, supposing that the sac not being plentifully supplied with blood vessels would be in some measure a dead substance. Upon taking off the fore part of the tumor, I found that it contained a substance resembling Indian mush of a moderately firm consistence and pretty near the color. I scooped it out with my finger as clean as I could, when I saw the sac quite white and smooth on the inside. I stuffed it full of lint and dressed up the wound, and in a few days there was a plentiful suppuration, and the smell became disagreeable, the weather being warm. I then took out the lint, and could see the sac quite plain, and dissected it off from the adjoining parts without any difficulty or hæmorrhage. The only firm attachment there was was toward the roof of the tongue, but I ventured to put my knife in and cut it off, which I effected without cutting any artery. I then brought the edges of the wound together by adhesive plaster, and dressed it in the usual manner, and in a few weeks it healed up.

[To be continued.]

EDITORIAL DEPARTMENT.

PERISCOPE.

WEEKLY SUMMARY OF MEDICAL JOURNALISM.

BAD EFFECTS OF THE EXCESSIVE USE OF TOBACCO.

Dr. P. J. FARNSWORTH, of Lyons, Iowa, communicates an interesting article to the *American Medical Times* on the above subject. The patient, a man aged 35, a plasterer by trade, called on Dr. Farnsworth, December 12, 1861, complaining of sore throat, together with partial anæsthesia of his fingers, toes, and end of his tongue. He was prescribed for unavailingly until the 12th of January following, when Dr. Farnsworth "was sent for, as his strength had failed, and he was confined to the house. At this time I asked a neighboring practitioner to visit him in consultation. The numbness now seemed pretty general; his eyesight was somewhat affected. The heart beat somewbat irregularly, with a slight anæmic murmur. The tongue was slightly coated. The generative organs were participating in the general weakness; had no erections or sexual desires. Gave him tinct. fer. mur. gutt. x. three times a day, and agreed to the reapplication of the blister to the spine. I called January 15th, and found the patient in bed, very much dejected, and *smoking*. Having heard us discuss the propriety of blistering, he had applied the blisters to the whole spine, and to the hips. He felt them but little, and was scarcely conscious of their presence, but they had produced an immense drain on the system, and he had failed very fast. I questioned him now about his smoking, and found that he had considered it so small a matter as not to mention it, but that for several years he had smoked the coarsest kind of

tobacco in the foulest kind of a pipe during all his waking hours. On further examination into his case, I was convinced that it was one of poisoning by nicotine. The want of feeling was now general; the motor powers were active enough; he could hold his knife in his hand firmly when his eyes were directly on it, but if he looked away the knife dropped. He walked with difficulty, because he must needs look where his feet fell, as he could not feel them touch the ground. I advised him to stop his smoking at once, and ordered an ounce of brandy and potass. iod. gr. v. three times a day, friction to the surface, and a Dover's powder at night, as he had become very wakeful.

"On the third day after I found the patient somewhat improved, but now alarmed at the quantity and quality of his urine; it was very highly charged with a red sediment, which proved to be urea, urate of ammonia, and triple phosphates, with a distinct odor of nicotine. The Dover's powder acted as a diaphoretic, conjoined with the friction; and he complained of a fetid sweat. His wife said that now he had discarded the pipe, the fumes of it were exuding through his skin. Continued the brandy and the potas. iod. and gave him tinct. fer. mur. gutt. xx. three times a day. On the 22d inst. I found the patient improving, the urine becoming more natural, but the perspiration was profuse at night, having the same nicotine odor. Sensibility did not return as fast as the strength; he was obliged to use his reason about cold and heat, and in regard to taking food. Cold was scarcely felt, and but little taste was left. Even his exercise had to be regulated by his judgment, and not by his feelings. I continued the tinct. fer. mur. and the potass. iod. giving an occasional dose of sulph. magnesia, to move the bowels.

"Jan. 29: The patient still improving; the numbness going off in the same manner that it come on, passing downwards towards the extremities. I continued the iron, ordered a nourishing diet, the bathing every evening with friction, and an occasional Dover powder.

"From that time until March he continued to improve, the numbness having passed to the ends of the fingers and toes, and the end of the tongue. He was then able to walk the five miles to see me; the waxy look had passed off; and the look of health returned. At this time, for experiment sake, he tried to smoke a segar. It produced nausea and all the feelings that tobacco does to a novice; together with a return of the numbness of the fingers, and a smarting of the fauces.

"I consider this as an illustration of the effects of the slow introduction of tobacco poison into the system. I have been unable to find any such effect ascribed to it in any work I have at hand. Dr. Prout, quoted by Pereira, says, 'It disorders the assimilating functions in general; but particularly, as I believe, the assimilation of the saccharine principle. I have never indeed been able to trace the development of oxalic acid to the use of tobacco; but that some analogous and equally poisonous principle (probably of an acid nature) is generated in certain individuals by its abuse, is evident from the cachectic looks, and from the darkened, often greenish-yellow tint of their blood.'

"Pereira says, 'I am not acquainted with any well-ascertained ill effects resulting from the habitual use of smoking.'.

"He is probably a lover of the 'weed' himself, or had not made close observation of the smokers around him, for it is my opinion that scarcely one in five but that is injured by tobacco. It acts as a nervous sedative or depressant, causing an exhausted feeling at the stomach, and I have good reason to suppose that smoking is the great cause of the universal dyspepsia with which we are troubled. It sometimes produces tremor of the nerves, and in many cases, instead of being a temporary sedative, destroys the tone of the nerves and produces languor and fretfulness, and often effects like those above described, though not in every case in so marked a degree. In a majority of smokers and chewers of tobacco, it acts like a violent poison, which it is, introduced slowly."

Medicated Pessaries in the Treatment of Uterine Disease.

Dr. F. H. Tanner recently read a paper before the Obstetrical Society of London, on the use of medicated pessaries in the Treatment of Uterine Disease. An abstract of the paper is published in the *Medical Times and Gazette.*

The great value of a variety of local applications in the treatment of uterine disease seems to be insufficiently appreciated by the profession at large. The chief reason, perhaps, for the non-employment of medicated pessaries has been the difficulty of so making them that they can be efficiently applied by the patient herself. This difficulty is overcome by the use of the butter obtained from the theobroma cacao nut, as a material for holding the drugs together, instead of wax and lard. Mr. White Cooper has shown the utility of this butter as a basis for opthalmic ointments, and it will be found equally valuable for pessaries and suppositories. Though it has the consistence of wax while cold, yet it becomes liquid in a few minutes when introduced into the vagina. After alluding to the cases of uterine, ovarian, and bladder disease in which medicated pessaries are of great service, the communication ended with certain formulæ which the author was in the habit of prescribing. The following are examples:—"Mercurial ointment, four scruples; extract of belladonna, one scruple; cacao butter, four drachms; olive oil, one drachm. Mix; divide into four pessaries, and order one to be introduced into the vagina every night. Iodide of potassium, one drachm; extract of conium, four scruples; cacao butter, four drachms; glycerine, one drachm. Mix; divide into four pessaries. Boxes of these pessaries, prepared by Mr. Cooper of 26 Oxford street, were placed on

the table for the inspection of the fellows of the Society.

BELLADONNA IN EPILEPSY, ETC.

At the Hospital for the Epileptic and Paralyzed, belladonna and its alkaloid, atropia, are still in favor as remedies for epilepsy. Under these remedies most patients with epilepsy, especially if they suffer much between the paroxysms, are benefited. In treating epilepsy we must remember that, although in many cases we may not be able to cure, we may very often diminish the number of fits; and even if we cannot do that, the patient's general condition is often much improved. Many patients attend the hospital who have had fits for very many years, and though they have no hope of being cured, they, nevertheless, experience great benefit, and are rendered capable of resuming a comparatively active life. Although this is not a cure, it is the next best thing to it. The prescription generally used is—Extract of belladonna a quarter of a grain, quinine one grain, in a pill three times a day. Of atropine the 1-120th of a grain is given three times a day. Of both, the dose is gradually increased. Although given in increased doses, they are rarely observed to produce in epilepsy much physiological effect. Sometimes, however, the patients complain of dryness in the throat, and of defective sight. We think it will be noticed that patients with dark eyes suffer more from it, and that these patients are often hypermetropic. When the sight is affected by belladonna or atropine, it is because the ciliary muscles is paralyzed partially or totally, and hence that the power of accommodation is impaired or altogether lost. It is not likely that it is due to dilatation of the pupil, as in congenital irideremia, the accommodation is good, and in a case recorded by Graefe, in which the whole of the iris was removed by operation, it remained perfect. It was lost, however, when atropine was put into the eye.

Patients, of course, complain a good deal when their sight is impaired, however little, by any course of treatment, but they can be assured that the effect is only temporary. In some cases of cataract belladonna has been used for years without injury to the eyes, and without losing its powers. In no case have we noticed dullness of hearing to be produced by this drug. Very likely there may be some slight impairment of hearing which the patient does not notice. Very often there is tinnitus aurium, and some little defect of hearing attending it, but this is common in epilepsy whether belladonna be given or not. We have not noticed that patients have complained of decrease of deafness under its use. If a solution of atropine were dropped into the ear it might then paralyze the small muscles of the ear, and produce defective accommodation for sound, if such a phrase is allowable.

Another method in which Dr. Brown-Séquard uses atropine in epilepsy is to inject a solution of it and morphia into the part from which an aura starts. This was done in several cases with excellent results. A solution containing one-sixtieth of a grain of atropine and a quarter of a grain of morphia is injected with Wood's syringe. In the several cases in which it was used it did not produce any immediate effect in the patients, and no giddiness, &c. The operation is not painful. It is supposed that belladonna acts on the blood vessels, producing contraction. Ergot, also, Dr. Brown-Séquard believes, has this property; and hence their use in local inflammatory conditions of the brain or spinal cord. Ergot, he believes, has a greater action on the vessels of the spinal cord, and belladonna on those of the brain. In paraplegia from myelitis a pill containing three grains of fresh ergot and a quarter of a grain of the extract of belladonna is given three times a day. The action of belladonna in arresting the flow of milk, and in causing dryness of the throat, may be explained also on the hypothesis of its diminishing the supply of blood to those parts—*Med. Times and Gazette.*

OPIUM, CODEIA, ETC., IN SLEEPLESSNESS.

The profuse administration of opium in delirium tremens is not so common as it was. It appears to be recognized that, as Dr. C. J. B. Williams points out in his "Principles of Medicine," that there is a condition in which a patient is "too weak to sleep," and that, therefore, the best plan to induce sleep is not to attempt to tyrannize over the nervous system by opium, but to support the patient by tonics, and stimulants, and nutrients; then, when the patient is strong enough to bear it, opium may be given. We write these remarks not in reference to any recent case, but to some which occurred in the hospitals some time ago. Dr. Brown-Séquard sometimes gives codeia in cases in which it is important to produce sleep. If we wished blindly to compel sleep, opium would be our remedy; but many can, no doubt, call to mind cases of death in delirium tremens after the profuse administration of opium. "Apoplexy with contracted pupil," is, we believe, the name given to such deaths. Again, in cases where we feel justified in giving opium to induce sleep, the manifest disadvantages of doing this at the risk of producing dyspepsia, constipation, and symptoms of "congestion of the brain," make the choice of some other narcotic desirable. In one case in which codeia, one of the alkaloids of opium, was given, it produced sleep, and was not followed by any of the disagreeable symptoms of confusion in the head which the patient complained of after taking morphia. It is stated by Dr. Neligan to be half the strength of opium only; but in this case it produced in similar doses precisely the effect of an equal quantity of morphia. The dose given was two-thirds of a grain, in pill. Codeia is contained in much smaller quantity in opium than morphia; so that

in prescribing opium equivalent to a grain of morphia, we give only one-sixteenth to one-thirtieth of a grain of codeia. At the Middlesex Hospital, Dr. Goodfellow employs the plan of subcutaneous injection of opium in order to get the patient to sleep in delirium tremens. He thinks that it acts more quickly, and produces less constitutional disturbance than the plan of administering it by the mouth. Of course he employs other means, both dietetic and medical. —*Medical Times and Gazette.*

[Electro-Magnetism as an Anæsthetic.

Dr. H. Lassing, of New York, recently called the attention of the readers of the Reporter to this subject. We copy the following additional remarks from a communication from him to the *American Medical Times.*

"I have for two years past, whenever opportunity offered, employed electro-magnetism as an anæsthetic, and in many surgical operations, but particularly in parturition, it has fully served my purpose. I may not be the first one to employ this agent for the purpose, yet I have never seen it employed as an anæsthetic excepting in the extraction of teeth. This first attracted my attention and led me to making experiments.

"The maker of the electro-magnetic machine which I have used, Amos Brown, claims, and my experience proves, that none but a direct current, viz.: a current having a specific polar action, running only in one way, will act as an anæsthetic. It would seem that the positive pole of the direct current being in the patient's hand the current passes up the arm to the nervous centre, and from thence along the nerve nearest to the place where the negative pole of the current is applied, and thus returns to the battery. It is also claimed that it passes along both the nerves of motion and those of sensation, and while so doing that it neutralizes the sensation of pain which may exist in the nerve through which it passes.

"Let this be as it may, I have found that by connecting a bistoury with the negative pole of the direct current of an electro-magnetic machine, and placing the positive pole into the patient's hand, or attached to the foot, the handle of the bistoury being insulated, I can cut around the most sensitive parts, no other sensation than that produced by the current, which patients describe as "a pricking like needles and pins," is felt.

"In the same way the negative pole being applied at and around the sacrum in order to reach the ganglions supplying the uterus, and the positive pole being held in the patient's hand, the pain of parturition is to a very great extent neutralized. Patients express themselves pleased with the sensation substituted, and all perceive and acknowledge that electro-magnetism, thus applied, is at least a relief from the usual pain, if not a complete anæsthetic. With slight modifications in the manner of application we all know it will assist contraction, and by reflex action produce relaxation of the os.

"Would it then not be worth the time and attention of the profession to give electro-magnetism a fair test in this regard? It has done duty as chloroform and ergot for me. Is it not safer and less unpleasant?

Chloroform for Removing Bitterness.

It is stated that cloroform has the property of modifying the taste of certain bitters, and when added in water it nearly altogether removes the bitterness. In cases where chloroform is not contra-indicated, this suggestion is worthy of thought.

REVIEWS AND BOOK NOTICES.

A practical Treatise on the Diseases of the Heart and Great Vessels, including the Principles of Physical Diagnosis. By Walter Hayle Walshe, M.D., Fellow of the Royal College of Physicians; Professor of the Principles and Practice of Medicine and of Clinical Medicine in University College, London; Physician to University College Hospital; Consulting Physician to the Hospital for Consumptives. From the third revised and much enlarged London Edition. 8vo., pp. 420. Blanchard & Lea; 1862. Price, $2.25.

This admirable work is too well known to the profession to need any lengthened comment at our hands. It comes to us in the present edition much enlarged, as well as carefully remodelled. The practical portions, especially those relating to functional cardiac disease, have been subjected to a thorough revision, while numerous facts and discussions more or less completely novel, have been introduced into the description of the principles of physical diagnosis.

Part 1, devoted to the physical examination of the heart and blood-vessels, abounds in many valuable statements, more or less well established, concerning the movements of the heart, the synchronism of the impulse with the ventricular systole, the clinical characters and mechanism of the impulse and its modifications in disease, the nature and significance of the "valvular thrill," and the character and cause of the normal and abnormal cardiac sounds, and of arterial and venous murmurs.

In his account of the mechanism of the impulse Dr. Walshe repudiates the Harveian doctrine, maintaining, instead, that during the systole the ventricles shorten, that a swinging movement from right to left accompanies the contraction, and that, at the same time, the whole heart moves from above downward. He thinks that

the first sound of the heart is essentially due to the sound produced by the contraction of the muscular fibres of the ventricles, and the abrupt vibration of the stretched auricular valves. He thinks that the recent ingenious experiments of Halford, designed to prove that valvular vibration is the sole cause of the first sound, is calculated to alter the physiological condition of things so seriously, that the inference they appear to furnish, namely, that muscular contraction is non-soniferous, cannot be accepted. Reasoning like this, we respectfully submit, should find no place in the discussion of a problem so manifestly difficult of solution as this, in both a clinical and physiological point of view. Nowhere will the practical physician find recorded so concisely such a valuable fund of information concerning the physical diagnosis of diseases of the heart and great vessels, as is contained in the treatise under notice, but the statements therein made, though for the most part fully up to the knowledge of the day, must be received and employed by the bed-side, cautiously and with great discrimination, inasmuch as the physiology as well as the clinical status of this whole subject, notwithstanding all that has been done for it, is in a very unsettled condition. Knowledge of this kind may be said to be in a state of transition, being constantly modified as new researches are made from day to day.

The more purely medical portion of Dr. Walshe's work is well adapted to the wants of the physician and the student. The diseases of the heart and great vessels are here divided into the two great classes—Dynamic and Organic. Under the head of dynamic cardiac diseases our author treats of hyperæsthesia, paræsthesia, anæsthesia, motoparalysis, spasm, cramp, rhythmical perversions and tremor of the heart. Simple palpitation, palpitation of irregular rhythm and force, decreased action and syncope, angina pectoris, and pseudo-angina pectoris are considered together as composite dynamic changes or functional diseases. The organic diseases described are anæmia and congestion of the heart, accumulation of blood in the cavities of this organ, cardiac inflammations, hemorrhages, dropsies, alterations of nutrition, plastic and non-plastic adventitious products, parasites, diseases of the orifices and appendages, aneurism of the heart and valves, rupture and perforation, malpositions and malformations of the heart, intra-cardiac blood-concretions, and injuries and wounds of the heart. Finally diseases of the aorta, coronary vessels, pulmonary artery, pulmonary veins and ductus arteriosus receive the notice due to their importance.

Dr. Walshe's descriptions are remarkable for accuracy of detail, and for the terse and comprehensive yet concise style in which they are written. His language is plain and forcible, and every statement is made in the clearest manner. The work, as a whole, is conceived in an eminently philosophical spirit, and should be in the hands of every physician engaged in the active pursuit of his profession. J. A. M.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, NOVEMBER 1, 1862.

THE STUDY OF ANATOMY.

A large proportion of the physicians of the United States are graduated from the Medical Schools of this city. An immense amount of anatomical material is, of course, used, and there has never been a time, we believe, when there was any lack of the means for the practical study of anatomy and surgery. And yet Pennsylvania has no law protecting the student in the pursuit of his anatomical studies. The physician or student in this State who wishes to pursue his anatomical or surgical investigations must procure the means of doing so clandestinely. If discovered in the act, he is liable to fine or imprisonment, or both. In this respect, Pennsylvania, although its medical schools are the first in the Union, stands just where she did fifty years ago. It is true, as we said before, there is no lack of material, yet it is high time that the ban existing on the statute books against the pursuit of anatomical and surgical knowledge was removed—that the law recognized anatomy and surgery as legitimate studies, and protected those engaged in their pursuit in obtaining suitable material from proper sources.

Never, in our country, have anatomical and surgical studies been of more importance than they are now. The weal or woe of thousands of our countrymen is depending on the intelligence and capability of members of our profession, and every obstacle should be removed from the pathway of medical science. The study of anatomy and surgery is greatly stimulated in consequence of the peculiar demands of the times. The student of this winter will ply the scalpel with an interest, energy, and determination to learn, that never was before witnessed in our dissecting rooms. It is therefore a very favorable time to urge upon the attention of the Legislature of this State the passage of an enlightened anatomical law, and we are glad to know that it is to be done, and that the probability of such a law being enacted promptly is almost certain. The matter has, we understand, been already canvassed somewhat. What steps the profession of this city and other portions of the State will take in the matter has not yet transpired, but we should think that it would be proper and advisable for them to present petitions to the Legislature on the subject, with a draft of a law. Sure-

ly, an enlightened Legislature will not hesitate to protect by statute a study which has so important a bearing, particularly at this time, on the welfare of our citizens. There are strong prejudices to be overcome, and false statements may he made by opponents of the measure, about violating the sanctity of the grave and politicians may seek to make capital out of these prejudices and thus prevent the passage of such a law. In this way New York was many years in securing her anatomical law, which is operating well. It is but a few years since that law was passed, but the fact that that State possesses such a law, while there is none in this State, is being used to the disadvantage of the medical schools in this city. This should be another inducement to our legislators, especially the members from this city, to press the measure upon the attention of members, and secure the law at once. If there are any medical men members of the Legislature, we trust that they will go prepared to advocate the passage of such a law, and that physicians throughout the State will urge it upon the attention of the members elect, and fortify them with arguments in its favor.

This matter is of the more importance, in view of the fact that an effort was recently made, which happily signally failed to deprive the medical colleges of this city of an important source of supply of anatomical material.

We are sure that the importance of securing a good anatomical law will commend itself to our readers in every part of the State, and that the disabilities which our profession labors under in the pursuit of their studies, will speedily be removed. Let it be remembered that there is no profession of which so much is expected and exacted, and it is but reasonable to demand legal protection in preparing for the proper discharge of the responsible duties that devolve upon us.

EDITORIAL NOTES AND COMMENTS.

A Pennsylvania Surgeon of the past Generation.—A friend has kindly furnished us with copies of some important surgical reports, read by the late Dr. John McClellan before the Franklin County Medical Society of this State. These cases will be found to be very interesting and useful, and creditable to Dr. McClellan as a Surgeon. His operation for the extirpation of the Parotid Gland is one of the earliest, if not the earliest, of which there is any record.

Diphtheria.—This scourge has, for several years, been prevailing more or less in different parts of our country. In some sections it has been very fatal, carrying off, in many instances, all the children, and some of the adults, in a family. It has been so in some parts of this State. The disease also enters into the mortality lists in all our large cities. Naturally, a disease that is so generally prevalent and has been so fatal, has excited much inquiry among physicians. There is no disease concerning the treatment of which we have been oftener consulted by correspondents.

A great deal has been published in the Reporter and other journals on the subject, and we have taken pains to condense articles that were published in other journals for our pages. Still, light is wanted, and we are always glad to receive articles which give any new ideas on the pathology or treatment of so troublesome and fatal a complaint.

Next week we shall begin the publication of a series of papers on this interesting subject by an intelligent practitioner of this State, who has had considerable experience in the treatment of the disease. We trust that these papers will elicit others on the same subject—only let each writer condense his thoughts as much as possible, and try to offer something practical.

California Munificence.—The State of California is so far removed from the theatre of our civil war that she might very readily escape much of the burden that it entails on our citizens. But we are proud to say her patriotism will not allow that. If California is not called on to provide bounties for volunteers—to contribute her means to procure comforts for her sick and wounded, she has shown that though separated far from her sister States who are experiencing all the horrors of civil war, she is ready and willing, as she is able to help them bear the burdens. Fortunately, our excellent Sanitary Commission, as at present organized, offered itself as a medium for dispensing her benevolence.

A few weeks ago we announced the contribution of $100,000 to the Sanitary Commission by citizens of California. Since that time a second $100,000 has been forwarded, and a third contribution of the same amount is likely to be realized from last accounts. We have every reason to believe that the money will be judiciously expended for the benefit of our sick and wounded soldiers.

CORRESPONDENCE.

A MONSTROSITY.

Damascoville, Ohio, Oct., 1862.

Messrs. Editors:—I was called on the morning of the 25th of October, 1862, in haste to wait on Mrs. W., a lady of 25 years, (a farmer's wife,) in her second accouchment. On arriving, found her moderately comfortable, her pains having subsided after the messenger left. She seemed healthy, and had been of rather robust health from her girlhood, her first child, a boy of 26 months; all right; no peculiarities to notice in either more than ordinary.

She after a while asked me if a woman ever carried her child 10 months. I stated that some such instances were claimed to have occurred. I asked her why she so interrogated me. Said she I am confident my confinement should have taken place a month ago. I endeavored to quiet her fears by telling her the liabilities to be mistaken, &c.; made an examination per vaginam, found the os uteri dilated sufficiently for the passage, but was unable to determine the position on account of the very feeble contractions of the uterus. I waited some six hours, made another examination, found an acute bony substance, surrounded with a tough membrane or sac, larger than the usual size of infants' heads. I succeeded with difficulty in so managing this large mass that in course of 2½ hours the birth was completed. On examining the formation of the cranium after birth, it presented a frightful picture, especially to some females present.

The bones of the face were well formed and in right position, a part of the frontal bone and the temporal bones were partially developed. Up to the supercillary ridge all seemed right; there the frontal bone ceased. The temporal bones extended up about the usual hight in the cranium, and terminated in an acute point. The inferior portion extended down, and seemed to form a connection with the clavicle and scapula; hence there was no neck. The superior cervical vertebra seemed absent or curved anteriorily, and mere cartilage; the balance of the cranium, in form somewhat of the fœtal skull, extended posteriorly some 15 inches, resting on the spinal column. At the posterior portion it widened out about 8 inches. The superior portion presented somewhat the appearance of the hairy scalp minus the hair. The contents of the sac I did not ascertain, but from pressure it seemed to yield a substance similar to cheese curd, not like a liquid. The rest of the body and limbs were well formed, and to add to the distress of the mother it was living, and seemed to present quite a hold on life. It did not nurse, as it seemed incapable of using its mouth or swallowing. About 10 hours after its birth it was taken with spasms that grew more severe till life ceased, 12 hours afterward; it living 22 hours. The mother stated to me that she did not know of anything peculiar, or that her sufferings were any more increased in this than her former pregnancy, except that she was satisfied that she had carried this child 10 months.

Yours very truly,

J. M. Hole.

ARMY AND NAVY NEWS.

Medical Department of the West.—Assistant Surgeon H. M. Sprague, U. S. A., has, by direction of the Assistant Surgeon General, Colonel R. C. Wood, U. S. A., recently made a thorough inspection of the hospitals in and about St. Louis, Mo.

Assistant Surgeon P. V. Schenck, U. S. A., has been detailed as member of the examining board for surgeons and assistant surgeons of volunteers, now in session at St. Louis, Mo.

Assistant Surgeon J. P. Wright, U. S. A., has been relieved as medical purveyor at Cairo, by Medical store-keeper Stevens.

Surgeon H. P. Stearns, U. S. Vols., has been placed in charge of the hospitals at Paducah, Kentucky.

Assistant Surgeon S. M. Horton, U. S. A., is in charge of the hospital boat "Nashville," at Columbus, Kentucky.

Surgeon G. H. Hubbard, U. S. Vols., is relieved at Paducah, Ky., and ordered to report for duty to the assistant surgeon general at St. Louis, Mo.

Personal.—Dr. Ezra M. Hunt, of Metuchin, has been appointed Surgeon of the Twenty-ninth New Jersey Regiment (the Monmouth Regiment of nine months' troops).

Dr. S. D. Willard, of Albany, N. Y., has been appointed to examine men to be drafted in the counties of Albany, Rensselaer, Washington, Schoharie, Schenectady, and Saratoga. The quota for Albany county being full no draft will take place there.

Acting Assistant Surgeon O. W. Gibson has been ordered to the Commodore McDonough.

Acting Assistant Surgeon M. H. Henley has been ordered to the Commodore Morris.

Acting Assistant Surgeon H. W. Mitchell has been ordered to the Commodore Hull.

Acting Assistant Surgeon J. S. Cohen has been ordered to the steamer Stettin.

Surgeon Basil Norris, U. S. A., has been or-

dered to report to Philadelphia, as Medical Director of the Hospitals. He was appointed Assistant Surgeon on October 11th, 1852, from the State of Maryland, of which he is a native.

Assistant Surgeon Van Buren, U. S. A., has been ordered to relieve Surgeon J. T. Brinton, United States Volunteers, as member of the Examining Board for candidates applying for admission into corps of surgeons and assistant surgeons of volunteers.

Medical storekeeper Stevens has been assigned to duty as acting medical purveyor at Cairo, Illinois, vice Surgeon Taggart.

Dr. C. F. F. Hildreth has been appointed acting assistant surgeon United States navy.

Dr. William H. Gominger, of this city, late surgeon of the Twenty-seventh Regiment, P. V., has been transferred to the Sixteenth Regiment Pennsylvania Cavalry, now stationed at Camp Curtin, Harrisburg.

James A. Armstrong, M. D., of this city, assistant surgeon of the Seventy-third Regiment, Pennsylvania Volunteers, has been promoted as surgeon of the Seventy-fifth Regiment, Pennsylvania Volunteers.

Dr. D. O. C. Ward has been appointed assistant surgeon at the United States Army Hospital, Twenty-fourth and South streets, *vice* Dr. Hart, promoted to surgeon in charge.

Dr. Wm. P. Russell, surgeon of the 5th Vermont regiment, has been discharged from the United States service.

Acting Assistant Surgeon G. M. Weeks has been ordered to the frigate Brandywine.

Pension Examining Surgeons.—The commissioner of Pensions has made the following additional appointments of examining surgeons:

Pennsylvania.—Dr. J. E. Stevenson, Kittaning; Dr. Hugh Campbell, Uniontown; Dr. Saml. J. Charlton, Harrisburg; Dr. Hugh Campbell, Norristown.

New York.—Dr. John Trowbridge, Syracuse; Dr. Julius A. Skilton, Ithaca; Dr. Horace B. Day, Utica; Dr. Horace Lathorp, Cooperstown; Dr. Horatio N. Loomis, Buffalo; Dr. Franklin Goodyear, Cortland Village; Dr. Hiram McNutt, Warrensburg; Dr. Edw. S. Lansing, Watertown; Dr. Samuel O. Scudder, Rome; Dr. Edward Hall, Auburn; Dr. Abraham Ham, Little Falls; Dr. Hazard A. Potter, Geneva; Dr. Wm. Noble, Albion.

Ohio.—Dr. G. E. C. Weber, Cleaveland; Dr. M. Wagenhalls, Lancaster; Dr. E. C. Beckworth, Marrietta.

Iowa.—Dr. R. S. Lewis, Dubuque; Dr. Preston S. Lake, Bellevue.

Michigan.—Dr. Jos. S. Hildreth, Detroit; Dr. Jos. R. Hall, Lansing; Dr. Homer O. Hitchcock, Kalamazoo; Dr. Erastus R. Ellis, Grand Rapids.

Wisconsin.—Dr. James Diffendorf, Milwaukee; Dr. Lyman J. Barras, Jaynesville.

New Hampshire.—Dr. Wm. D. Burch, Manchester.

Massachusetts.—Dr. Samuel A. Fisk, Northampton; Dr. Foster Hooper, Fall River; Dr. W. H. Burleigh, Lawrence; Dr. John O. Maebie, New Bedford.

Vermont.—Dr. Hiram H. Atwater, Burlington; Dr. Selin Newell, St. Johnsbury; Dr. Horace Powers, Morrisville; Dr. Geo. S. Ames, Manchester.

Indiana.—Dr. Elias Fisher, Richmond; Dr. Harvey Pettibone, Crown Point; Dr. J. H. Constant, Peru; Dr. Daniel Dayton, Louter Bend.

Minnesota.—Dr. Samuel Willey, St. Paul; Dr. John D. Ford, Winina; Dr. E. C. Cross, Rochester.

Illinois.—Dr. Edw. Dickenson, Peoria.

New Jersey.—Dr. Chas. Hodge, Trenton.

Maine.—Dr. Wm. A. Rust, South Paris.

Military Hospitals in the vicinity of Fortress Monroe.—These hospitals are under the charge of medical director Dr. R. H. Gilbert, who has manifested great energy, skill, and talent in the discharge of his professional duties. Reports of the Chesapeake, Mill Creek, Newport News, Hampton, and Craney Island Hospitals for August and September have been received. The Hospital on Craney Island has been lately closed.

REPORT FOR AUGUST.

The number in these hospitals, on the first of August, 1862, was	11,047
Returned to duty during the month	4,964
Discharged from service	161
Died	156
On furlough	26
Deserted	12

During the month of August, Dr. Gilbert sent North to general hospitals 9,628 patients who could not be accommodated in the above-named hospitals.

REPORT FOR SEPTEMBER.

Patients on hand at commencement of September, 6,773, to which add patients at Craney Island, 3,075	10,448
Returned to duty to their several regiments	5,645
Discharged from service	321
Number died in September	199
Left on furlough	7
Deserted	3
Sent North to general hospitals	446

There were, at the end of the month of September, in these hospitals, 1,409 patient convalescent, who were soon retured to service.

Of course, most of the patients included in the above reports were the legacy of the Army of the Potomac when it left the Peninsula.

Hand-litters for the Army.—Medical-Purveyor, Dr. Lamb, advertises proposals for furnishing the Government with five hundred hand-litters, (ambulance pattern,) with the privilege of increasing the number to one thousand, if the needs of the service require it. Five hundred are to be delivered within ten days after the award of the contract.

Supplying lost Limbs.—The Director of the Medical Department has ordered all patients in military hospitals in Washington, who have lost one or both legs to be removed to the Insane Asylum, where a skillful person is engaged to supply them with artificial limbs.

It is announced that Surgeon General Hammond is engaged in preparing a work on Military Hygiene.

Hospitals in the District of Columbia.—The following list of hospitals and the number of inmates, in the District of Columbia, is furnished to the *Press* of this city by a correspondent. The list was made on the 16th of October.

HOSPITALS IN WASHINGTON.

Ascension, H, between 9th and 10th streets.
Armory, 7th street, Armory Square.
Baptist Church, E between 6th and 7th streets.
City Hall, Judiciary Square.
Carver, 14th street.
Columbia College, 14th street.
Cranch, D, corner 6th street.
Cliffburen, 21st street.
Capitol, Capitol Building.
Casparis, east of Capitol.
Douglas, I, corner 1st street.
Eckington, Gales House, New York Avenue.
Emory, east of Capitol.
Epiphany, G, between 13th and 14th streets.
Ebenezer, 4th near G street, west.
Eighth street, I, corner 8th street.
Finlay, Camp Sprague near Eckington.
Grace Church, D corner 8th street, Island.
Harewood, 7th Corcoran's farm.
Judiciary Square, E street between 4th and 5th.
Kalorama, 21st street.
Mount Pleasant, 14th street.
Ninth street Church, 9th, between G and H Streets.
Odd Fellows' Hall, 8th street near Navy Yard.
Patent Office, 9th street.
Plyland Chapel, D, corner 10th street, Island.
Stone, 14th street.
St. Elizabeth, Insane Asylum, Eastern Branch.
Sanitary, Commission, near railroad depot.
Soldiers' Rest, railroad depot for convalescents.
School-house, Judiciary Square.
Soldiers' Retreat, northeast of city, for regulars.
Trinity, C, corner of 3d street.
Thirteenth street, 13th between G and H street.
Union Chapel, 20th street.
Quartermasters' Hospital, 17th street.

NEW HOSPITALS NOT YET OCCUPIED.

Campbell, Seventh street.
Buildings opposite Douglas Hospital.
Buildings near St. Aloysius Church.
Buildings near Emory Hospital.
Buildings at Alexandria.
Contraband Hospital, colored church to be used.

HOSPITALS AT ALEXANDRIA.

Mansion House, Fairfax corner Cameron street.
Fairfax Street, Fairfax street, near Madison House.
Wolfe Street, Wolfe, above Duke street.
Prince Street, Prince above Washington street.
Methodist Church, Washington, near King street.
St. Paul's Church, Pitt, corner Wolfe street.
Baptist Church, Washington, near Prince street.
Lyceum Hall, opposite Baptist Church.
Grace Church, Patrick, near Duke street.
Washington Street, Washington street.
Queen Street, Queen street.
Grosvenor House, Washington street.
King Street, Water, corner King street.
Convalescent Camp, two miles west of Alexandria.

HOSPITALS IN GEORGETOWN.

Seminary, for officers, Washington, corner Gay street.
Union Hotel, Washington, corner Bridge street.
Presbyterian Church, opposite Union Hotel.
Waters' Warehouse, removed to Trinity Church.
Trinity Church, near Georgetown College.
Georgetown College, west end of Second street.
Methodist Church, Dunbarton street.

HOSPITALS IN FAIRFAX.

Fairfax Seminary, Fairfax Seminary grounds, Va.
School-house and Barracks, connected with Seminary.

VISITING.

Circular No. 11, from the Surgeon General's office says the hospitals will be open to agents for Soldiers' Relief Association from 12 A. M. to 6 P. M. daily, and to friends of patients and other visitors if, in the opinion of the surgeon in charge, such visits are not prejudicial to the welfare of the sick.

SICK SOLDIERS IN WASHINGTON AND VICINITY.

Patients in Washington	14,475	
Patients in Alexandria	1,922	
Patients in Fairfax Seminary	1,400	
Patients in Georgetown	1,062	18,949
Convalescents, sick and paroled, at Convalescent Camp, Alexandria		15,500
Total		34,449

NEWS AND MISCELLANY.

Public Schools in Philadelphia.—The following statement, in regard to the public schools in this city, which we cut from a daily paper, shows the importance of a proper regard to hygienic laws in the construction of school houses, and the general management of children, recently discussed in our pages.

"There are now some three hundred and sixty public schools in operation in this city, and over seventy thousand children are experiencing the benefits of their instruction. About twelve hundred teachers are employed, at an expense to the city of nearly $350,000 for salaries. The salaries of Professors and Assistants in the High School alone amount to nearly $19,000 per annum, and the gross annual expenses of the institution do not fall short of $24,000.

"As a proof of the rapid strides the public school system has made in this city since its inauguration, we subjoin the following statement of expenditures for three separate periods:—During the year 1818 the total amount expended was $23,708 50; in 1840 it reached $174,287 53; and in 1861 $546,430 32. Notwithstanding the number of public schools in Philadelphia, they do not appear equal to the demand, for hundreds of children are now awaiting admission in nearly every school district in the city."

Yellow Fever at Wilmington, N. C.—The following table will exhibit the progress of the disease during the week ending Oct. 17.:—

	New Cases.	*Deaths.*
Saturday, Oct. 11th	53	12
Sunday, " 12th	40	22
Monday, " 13th	87	15
Tuesday, " 14th	74	16
Wednesday, " 15th	86	16
Thursday, " 16th	44	11
Friday, " 17th	47	10
Total	431	102

Absinthe.—The use of this liquour has increased to so great an extent in France, especially in the army, that the Council-General of the department of the Var has, for a second time, strongly represented to the Government the necessity of checking its consumption by means of a large increase of the excise duty.—*Dublin Med. Press.*

Preventable Illness.—Dr. Farr calculates that there are every year over 100,000 premature deaths in England, and more than 1,000,000 persons who suffer from serious illness, also the direct result of the neglect of the laws of health.—*Lancet, Sept. 6, 1862.*

Cholera in India.—Cholera was raging at Peshawur at the latest date among Europeans and natives; it was also spreading in the north-west provinces. At Shanghai the disease has been prevalent, but according to the latest advices was abating, although the weather is reported to be fearfully hot.—*Ibid.*

The Sanitary Condition of the Southern Army.—[The *Medical Times and Gazette* for Aug. 30th contains a complimentary notice of a Manual of Military Surgery, by Dr. J. J. Chisolm, of Charleston, S. C., and some extracts from it are given. Two of them we quote from that Journal, as we have not yet seen the work itself.]

"Days passed without the use of water, and filth and vermin soon reigned triumphant. One of the strongest reasons why regulars enjoy better health than volunteers is that the one are daily inspected by their officers, who insist upon their faces being washed, head combed, &c.; whilst the volunteers, with whom the regulations of a strict discipline are not enforced, are allowed to abuse the privilege of following the bent of their own inclinations. It is deplorable to see the condition of our best society in camp. In the Confederate Hospitals it was not rare to administer the first bath to volunteers who had been six months in the service without ever having used water beyond their faces.

"Gentlemen who composed our volunteer regiments would not be ordered to these ditches [latrines]; and as the officers did not insist upon what the men objected to as unnecessarily troublesome, the result was that, with but few exceptions, our regimental camps were accumulations of filth of every description, which could be smelt at a distance whilst approaching them. It was not surprising that disease and death followed in the wake of such indifference to all laws of decency and hygiene.

"For months, we learn, the roads in the vicinity of Manassas, where the army of the Potomac was stationed, were nearly impassable, and transportation was so exceedingly difficult, that the army suffered severely for want of food. Had the troops been ordered to work the roads instead of loitering for months in camp, the service would have been materially advanced."

[The above extracts show a shocking neglect of hygienic rules and its fearful results. The picture can hardly be supposed to be too highly colored.]—*Med. News and Lib.*

Surgeons of the Rebel Army returned Home.—A Richmond paper of a recent date announces the arrival there of surgeons Cooper, Prioleau and Whitfield; assistant surgeons Leverett, Gavis, Hill, McQueen, Newell, Wallace, Whitfield and Morton. These gentlemen had been in attendance upon the wounded and sick at Sharpsburg, Boonsboro', and South Mountain.

Accidents in Coal Mines.—Great Britain loses a regiment every year in and about the coal mines. The deaths from accidents were 1,122 in 1857, 930 in 1858, 914 in 1859, 1,109 in 1860, and now the return for 1861 is 943. The average for the first five years is just over 1000.—*Dublin Med. Press.*

The Old Medical College, in Woodstock, Vermont, has been sold at auction. It brought, with the appurtenances, the sum of seven hundred and fifty dollars.

MARRIED.

Duer—Naudain.—On the 29th ult., at Calvary Presbyterian Church, by the Rev. John Jenkins, D. D., Edward L. Duer, M. D., and Clara J. Naudain, all of this city.

Fanning—Lane.—In Brooklyn, on Tuesday morning, Oct. 28, by Rev G. B. Wilcox, of New London, Conn., Thomas C. Fanning, M. D., of Fishkill Landing, N. Y., and Cornelia daughter of Anthony Lane, of Brooklyn.

Harris—McMullin.—On the 28th ult., by the Rev. H. S. Spackman, Dr. B. Harris, of Illinois, and Kate McMullin of this city.

Picot—Watson.—On the 25th ult., at Geneva N.Y., By the Rev. Thomas G. Watson, of Cato, Dr. M. H. Picot, of this city, and Carrie E., daughter of the late W. W. Watson of Geneva.

Swift—Fitz Hugh.—In Genesco, N. Y., on Wednesday, Oct. 29, by Rev. Walter Ayrault, assisted by Rev. J. C. Dubois, Foster Swift, M. D., of New York, and Alida Carroll, daughter of D. H. Fitz Hugh, Esq., of Genesco.

Talson—Beatty.—In West Hoboken, N. J., on Thursday evening, Oct. 30, by Rev. James C. Egbert, George W. Talson, M. D., and Miss Cornelia L. Beatty, only daughter of Daniel L. Beatty, Esq.

DIED.

Bicknell.—On September 30th, in camp, near San Francisco, of typhoid fever, Lucius Bicknell, of the Second Regiment California Cavalry, in the 23d year of his age, son of Dr. Rufus and Emily Bicknell, of this city.

Duke.—In Washington City, at the residence of his cousin, Brigadier General John Buford, on the 28th ult., First Lieutenant James Duke, son of Dr. John W. Duke of Maysville Ky., aged 19 years and 7 months.

Hansford.—In New York, on Sunday evening, the 26th ult., Mrs. Maria Tyson Hansford, widow of the late Louis Hansford, M. D., of Norfolk, Va., and daughter of William Pennock, Esq., formerly United States Navy Agent at the same place, in the 77th year of her age.

Heath,—On the 7th of October, 1862, at Smithville N. C., of yellow fever, contracted at Wilmington, in the 43d year of his age, Dr. John Francis Heath.

Vital Statistics.

Of Philadelphia, for the week ending October 25, 1862.

Deaths—Males, 137; females, 87; boys, 54; girls, 48. Total 234. Adults, 122; children, 102. Under two years of age, 65. Natives, 167; Foreign, 45. People of color, 14.

Deaths in the United States Army Hospitals, 28.

Among the causes of death, we notice—Apoplexy, 1; convulsions, 11; croup, 2; cholera infantum, 3; cholera morbus, 0; consumption, 33; diphtheria, 6; diarrhœa and dysentery, 10; dropsy of head, 2; debility, 15; scarlet fever, 7; typhus and typhoid fever, 9; inflammation of brain, 4; of bowels, 3; of lungs, 10; bronchitis, 0; congestion of brain, 5; of lungs, 1; erysipelas, 1; hooping-cough, 1; marasmus, 8; small-pox, 1.

For week ending October 26, 1861.....232.
" " October 18, 1862.....252.

Population of Philadelphia, by the census of 1860, 565,034. Mortality, 1 in 2535.8.

Of New York, for the week ending October 20, 1862.

Deaths—Males, 187; females, 166; boys, 105; girls, 100. Total, 353. Adults, 148; children, 205. Under two years of age, 139. Natives, 248; Foreign, 115; Colored 8.

Among the causes of death, we notice—Apoplexy, 4; infantile convulsions, 21; croup, 20; diphtheria, 7; scarlet fever, 7; typhus and typhoid fevers, 6; cholera infantum, 21; cholera morbus, 0; consumption, 58; small-pox, 2; dropsy of head, 11; infantile marasmus, 29; diarrhœa and dysentery, 15; inflammation of brain, 6; of bowels, 7; of lungs, 20; bronchitis, 4; congestion of brain, 7; of lungs, 5; erysipelas, 1; hooping-cough, 0; measles, 0: 179 deaths occurred from acute disease, and 34 from violent causes.

Population of New York, by the census of 1860, 814,277. Mortality, 1 in 2306.7.

Of Boston, for the week ending October 18, 1862.

Deaths—Males, 37; females, 33. Total, 70. Natives, 40; Foreign, 30.

Among the causes of death, we notice—Phthisis, 19; cholera infantum, 4; croup, 1; scarlet fever, 3; pneumonia, 4; variola, 0; dysentery, 4; typhus fever, 1; diphtheria, 0; hooping-cough, 0; convulsions, 0.

Population of Boston, 1860, 177,902. Average corrected to increased population, 77.3. Mortality, 1 in 2341.4.